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## **PATIENT FINANCIAL RESPONSIBILITY**

We will bill your insurance as a courtesy if you present your insurance card(s) at the time of your appointment. WE DO NOT BILL WORKMAN'S COMPENSATION.

Any patient responsibility (deductibles, copay, coinsurance) must be paid at the time of service.

Insurance coverage is not a guarantee of payment. If we do not receive payment from your insurance company within 60 days from the billed date, the balance will become your responsibility.

You will receive a statement for any remaining balance after all applicable insurance(s) have been billed. That balance will be due in full at that time, or you are welcome to contact our billing office to set up payment arrangements.

We accept cash, check, and VISA and MasterCard credit cards. Payment in full at the time of service is required in the following circumstances:

You are a self-pay patient (payment arrangements may be set up if you are not able to pay in full at time of service).

You have not brought your insurance card(s) with you.

You have not met your deductible.

We reserve the right to charge a fee for no show and late cancellations (less than 2 business days for follow-up appointments and first visits and less than 5 business days for procedure/testing appointments).

By my signature below, I acknowledge that I have read and that I understand the above statements and am willing to accept responsibility to pay for services rendered if my insurance does not cover them. This authorization is not limited in time.

\_\_\_\_\_  
Patient Signature or Parent/Guardian Signature if Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Printed Name